

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/869534

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		31					54						
5		31					55						
6		31					56						
7		31					57						
8		31					58						
9		31					59						
10		31					60						
11		31					61						
12		31					62						
13		31					63						
14	1	31					64						
15	1	31					65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22							72						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45	1						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	9						TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL	9						TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL	9						TOTAL						
IND.							IND.						
DEP.							DEP.						